



Overview of Workload on Anesthesiologists in The Banyumas Region

journal home page: <https://goicare.web.id/index.php/JNJ>

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CROSS-SECTIONAL DESIGN

ARTICLE HISTORY

Received: September 8, 2024
Revised: October 28, 2024
Accepted: January 30, 2025

DOI: 10.61716/jnj.v3i1.90

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Abstract

Background: Workload is, by definition, that which involves the existence of certain tasks imposed with certain deadlines; excess performance may sometimes lead to boredom. Life in an intensive care unit and operating room is quite labor-intensive. Interpersonal skill management is crucial for anesthetists in maintaining efficiency and avoiding burnout. Stress and tension are brought about by workloads, and indeed anesthetists experience some bodily and mental fatigue in performing their jobs. The administrators of anesthesia are health care personnel charged with overseeing the anesthetic care of a patient during anesthesia management, which includes before, during, and after anesthesia. **Purpose:** The aim of this study was to evaluate the workload of anesthetists working in the Banyumas area. **Methods:** The descriptive survey design in its combination of qualitative and quantitative approaches casts upon a cross-sectional design of this study. A total of 47 respondents were taken as samples; a complete sampling method was adopted. A specifically designed questionnaire was administered to respondents for data collection constituting 12 closed-ended questions. **Results:** It was found that three participants (6.4%) reported no workload, ten participants (21.3%) were considered to be under light workload, twenty-five participants (53.2%) worked under medium workload conditions, and nine participants (19.1%) were given heavy workload. **Conclusion:** In general, anesthetists working in the central surgical installation room at Banyumas District Hospital are assessed to be under a light workload.

Keywords: anesthesiology; burnout; health care workers; workload

Introduction

The term "workload" refers to the collection of tasks that an individual or group within an organization has to do by a certain date [1]. Working circumstances in critical care and operation rooms contribute to the workload. Interpersonal skills are crucial for anesthesiologists as they help with daily tasks and prevent burnout [2]. A lot of work has gone into making healthcare institutions' staffs more efficient by reducing their workload. The stylist has a higher degree of stress in proportion to the

rise in effort. Researchers discovered that 2 people (28.6% of the total) reported light work stress and mild job tiredness, 5 people (72.4%) reported mild job stress and severe job fatigue, and 69 people (100%) reported severe job stress and severe job exhaustion [3].

A person's stress levels might rise if they are overworked. Too much work, too quickly, or too high of a degree of knowledge is what could create this [4]. There are a lot of ways in which a heavy workload may negatively affect hospitals,

patients, and health care providers. For example, it can make hairdressers tired from doing all the duties, which in turn can lead to dissatisfied patients [5].

Working as an anesthesiologist is no picnic [6]. Health care providers with the training and experience of anesthesiologists are able to plan and execute pre-, during-, and after-anesthesia care [7]. There are 47 anesthesiologists in the Banyumas area, with 13 women and 34 men holding STRs. In 2023, they are all members of the IPAI DPC Banyumas.

Workload, operation type, disease severity, and the availability of nursing personnel are all correlated, as shown in the research. The average amount of time spent in the post-anesthesia ward requiring direct nurse care is 45.6 minutes per hour. By analyzing workload and enhancing caring behavior toward customers to accomplish service quality, one may ascertain the current power required to increase client care and patient happiness [2].

Overwhelming workloads were reported by respondents during the typical working hours of Prabowo's study (2021). The participants in this research ranged in educational background from S1 Nurses with anesthesia training to D-III Anesthesiology Nurses and D-IV Anesthesia. All respondents reported feeling overwhelmed by their job, and the survey indicated that Merauke Hospital needed 15 more anesthesia staff members.

"Do you believe that your fatigue during night work may increase your patients' perioperative risk?" was recently questioned of almost 6,000 anesthesiologists globally. Seventy-four percent agreed, either strongly or somewhat. "Night work is an additional risk to patients" was agreed upon by 81% of respondents in the same research. When asked how sleep deprivation impacts professional performance, 71% of respondents said it had a "very" or

"significant" impact. Chronic tiredness, a symptom of burnout, may act as a stressor in and of itself. Tiredness is one of the three components of burnout, along with depersonalization and dissatisfaction with one's work. The connection between burnout and tiredness is intricate. Out of 3898 anesthesiologists who are members of the American Society of Anesthesiologists (ASA), 59.2% were considered to be at high risk for burnout, and 13.8% satisfied the criteria for burnout syndrome according to the Maslach Burnout Inventory-Human Services Survey [8].

Recent research has shown that exhaustion and heavy workloads are ongoing issues in the anesthesia field. Only 15% of respondents in an Irish and British national study on pediatric intensive care and out-of-hours work reported fully resting for 11 hours between calls, and 24% said they had no plans to complete scheduled clinical tasks after an evening call if they were in the hospital overnight. Overall, 91% of consultants reported experiencing work-related weariness [8], which is not unexpected.

Pongantung et al. (2018) found that 74 nurses (or 97.4% of the total) at GMIM Kalooran Amurang Hospital reported severe work tiredness, suggesting a correlation between nurses' workload and their level of exhaustion on the job. The majority of anesthesiologists (92 out of a possible 200) reported a moderate level of effort in Prilanti's (2022) study evaluating workload using a workload questionnaire. The oncall system's limited capability in emergency instances and the increased reliance on anesthetic actions for elective patients are the main causes of the heavy workload experienced by health staff (9). There were 55 licensed hairdressers and 47 hospital employees in the pilot survey from IPAI Banyumas Regency.

Methods

As a descriptive survey, this research method combines quantitative techniques with a cross-sectional approach. Using a complete sampling approach, data was collected from 47 respondents. Twelve items made up the closed questionnaire utilized in this research. Starting in January 2024 and continuing through July of the same year, this study will gather data. The study data was obtained at the Branch Management Board of the Indonesian Anesthesia Stylist Association (DPC IPAI) in Banyumas Regency between July 2-9, 2024. Approval number B.L.PPM-UHB/580/06/2024 indicates that the Universitas Bangsa Harapan study Ethics Committee has granted its blessing to this research.

Result

1. Respondent Characteristics

Table 1. Frequency Distribution of Anesthesiologist Respondent Characteristics in Banyumas Region

Characteristics	f	%
Age		
17-25	8	17,0
25-35	8	17,0
36-45	20	42,6
46-55	10	21,3
56-65	1	2,1
Gender		
Male	33	70,2
Female	14	29,8
Length of service		
≤5 Years	13	27,7
> 5 Years	34	72,3
Total	47	100,0

Source: Primary data (2024)

The results obtained from the characteristics of the respondents based on the most common age range is 36-45 years (late adulthood), with 20 respondents (42.6%) falling into this category. Men make up 33 respondents (70.2%) of the total, and having worked for more than 5 years accounts for 34 respondents (72.3%).

2. Data on the workload of anesthesiologists in Banyumas area hospitals

Table 2. Frequency Distribution of Anesthesiologist Workload in Banyumas Regency Area

Category	f	%
Not a workload	3	6,4
Light workload	10	21,3
Moderate workload	25	53,2
Heavy workload	9	19,1
Total	47	100,0

Source: Primary data (2024)

Based on the data in table 2, out of 47 respondents, 3 (6.4%) reported no workload, 10 (21.3%) reported a light workload, 25 (53.2%) reported a moderate workload, and 9 (19.1%) reported a severe workload.

Table 3. Cross tabulation between age and workload of anesthesiologist in Banyumas Regency.

Age	Workload									
	Not a workload		Light workload		Moderate workload		Heavy workload		Total	
	f	%	f	%	f	%	f	%	f	%
17-25	0	0,0	4	4,4	4	4,4	0	0,0	8	17,0
25-35	0	0,0	0	0,0	6	6,6	0	0,0	6	12,8
36-45	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
46-55	0	0,0	1	1,1	6	6,6	1	1,1	8	17,0
56-65	0	0,0	0	0,0	9	9,9	4	4,4	13	27,7
Total	0	0,0	4	4,4	10	21,3	5	10,6	19	40,4
17-25	0	0,0	1	1,1	5	5,5	4	4,4	10	21,3
25-35	0	0,0	0	0,0	0	0,0	4	4,4	4	8,5
36-45	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
46-55	0	0,0	0	0,0	1	1,1	4	4,4	5	10,6
56-65	0	0,0	0	0,0	4	4,4	0	0,0	4	8,5
Total	0	0,0	1	1,1	10	21,3	8	16,8	19	40,4

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Source: Primary data (2024)

Table 3 shows that most participants were in their late 30s and 40s, with 3 participants (or 100 percent) falling into the "non-workload" category, 4 participants (or 40 percent) into the "light workload" category, 9 participants (or 36 percent) into the "moderate workload" category, and 4 participants (or 44 percent) into the "heavy workload" category.

Table 4. Cross tabulation between gender and workload of anesthesiologist in Banyumas Regency

Gender	Workload									
	Not workload	Light workload	Moderate workload	Heavy workload	Total					
	f	%	f	%	f	%	f	%	f	%
Male	2	6,7	7	70	1	6,4	8	88,9	3	70,2
Female	1	3,3	3	30	9	60	1	11,1	1	2,9
Total	3	10,0	1	10,0	5	50,0	9	100,0	7	70,0

Source: Primary data (2024)

Based on table 4, the majority of respondents in this study were male with a non-workload category of 2 respondents (66.7%), light workload as many as 7 respondents (70.0%), moderate workload as many as 16 respondents (64.0%), and heavy workload as many as 8 respondents (88.2%).

Table 5. Cross tabulation between length of work and workload of anesthesiologist in Banyumas Regency area

Length of service	Workload									
	Not workload	Light workload	Moderate workload	Heavy workload	Total					
	f	%	f	%	f	%	f	%	f	%
≤5 Years	0	0,0	4	40	8	32	1	11,1	1	2,7
>5 Years	3	100	6	60	1	7,7	8	88,9	3	72,3
Total	3	100,0	1	10,0	2	50,0	9	100,0	4	100,0

Source: Primary data (2024)

Table 5 shows that most participants were in the age bracket of > 5 years. Of those, 3 (100.0%) reported no workload, 6 (60.0%) reported a light workload, 17 (68.0%) reported a moderate workload, and 8 (88.9%) reported a heavy workload.

Discussions

According to the data in table 1, the majority of the participants in this study were between the ages of 36 and 45, comprising 42.6% of the total. The researchers at IBS Banyumas Regency are assuming that the anesthesiologists now employed there are in the productive age group. The degree of production increases with an individual's age; but, as an individual ages into old age, his output declines due to a number of reasons, including his physical and mental health [9]. Consistent with the findings of Maulidin et al. (2023), this study found that the majority of respondents were between the ages of 31 and 40 (representing 28.0% of the total) between 41 and 50 (representing 44.0% of the total).

The bulk of respondents are male, with 33 men making up 70.2% of the total, according to the study data shown in table 1. It is believed by the researchers that there are more male anesthesiologists than

female anesthesiologists in each IBS room in Banyumas Regency. In addition, Maulidin et al. (2023) confirms that there were 30 respondents (81.1%) who identified as male, lending credence to the findings of this study. Safitri et al. (2023) corroborated these findings, noting that, of the 33 nurses surveyed, the majority of responses (n=19, or 57.6% of the total) were men. Male nurses have greater responsibilities, are more dedicated to finish duties, and are physically superior to their female counterparts. Table 1 reveals that out of the total number of respondents (34), 72.3% are anesthesiologists who have worked in Banyumas Regency hospitals for more than five years. Based on the assumption that more experienced anesthesiologists would have better knowledge, the researcher is assuming that the majority of anesthesiologists working in the IBS Room in the Banyumas Regency region had been there for more than five years [10,11]

The findings of this study are in agreement with those of Maulidin et al. (2023), who found that the majority of operating room nurses work for more than five years. Reason being, there is a critical shortage of seasoned nurses in the operation room. According to the majority of respondents (n=18, or 60%) had been in their current position for more than ten years. The outpatient unit's nursing staff averages over ten years of experience. A person's perspective productivity and the quality of their work conduct are both positively correlated with their level of experience [12–14].

According to the study's findings in table 2, the majority of anesthesiologists' workload is moderate, with 15 respondents (53.2%) reporting this. The study presupposes that anesthesiologists are subject to a high risk of health issues due to the rising strain they endure, which includes moderate to severe workload. Negative

psychological impacts, like as exhaustion, might result from poorly managed workloads, lowering treatment quality [15–17].

Pérez-Francisco et al. (2020) found that anesthesiologists' health, job satisfaction, and medication mistakes are all negatively impacted by workload. Emotions and stress might arise in nurses due to either an excessive or insufficient workload [18]. Consistent with other studies, this one indicated that 92 out of 100 anesthesiologists (88.5% of the total) had a moderate workload. (Prilanti, 2022). According to Apriana et al. (2018), the heavy workload experienced by healthcare staff may be attributed to the over-reliance on anesthesia for elective patients and the insufficient resources of the on-call system for emergency situations [19–21]

The majority of the participants in this study were in the late adulthood age bracket (36–45), according to table 3. Of these, 3 (100.0%) fell into the "non-workload" category, 4 (40.0%), 9 (36.0%), and 4 (44.4%) entered the "moderate workload" category. Research indicates that people in this age group are very productive, thus they are often entrusted with significant duties. Working in less-than-ideal physical circumstances is a burden for older anesthesiologists, and for younger ones, it's a result of a lack of experience [14,22].

The majority of respondents in this study were aged in the late adult range, namely 36–45 years, with as many as 15 respondents (48.4%), which is in agreement with the findings. A person's capacity to demonstrate mental maturity and logical thought, to make choices, to regulate their emotions, to conform to social standards, and to devote oneself to a job all improve with age [21,23,24]

Table 4 displays the results of the research, which shows that the majority of the participants were male. Of the total

number of respondents, 2 (66.7% of the total) fell into the "non-workload" category, 7 (70.0% of the total) into the "light workload" category, 16 (64.0%) into the "moderate workload" category, and 8 (88.9% of the total) into the "heavy workload" category. The study's premise is that anesthesiologists' burden is disproportionately experienced by males, not women, due to the fact that men are more introverted and less likely to speak up about their struggles with stress [25,26,26]. The primary reason women are less likely to suffer from burnout than males is because they are better able to channel their stress and exhaustion, according to Aulia and Rita (2021). Their approach to handling stress is more dynamic. Because males naturally have more muscle mass and lower levels of fat storage, gender has a role in determining how much labor is done [27].

This study's findings corroborate those of Safitri et al. (2023), who found that males made up the bulk of the sample with 19 responses (57.6%). Widiastuti et al. (2017) found no statistically significant relationship between gender and mental workload. While women reported 75.9% mental workload, males reported 77.1% [28]. Table 5 displays the study's results, which show that most respondents were in the age bracket of > 5 years. Of these, 3 answered "no workload," 6 said "light workload," 17 said "moderate workload," and 8 said "heavy workload," for a total of 88.9%. The study found that having a large workload on top of an anesthesiologist's already lengthy workdays increased their risk of experiencing work-related stress. In a study conducted by [29], it was shown that employees might get bored with their daily routines and the constrained work environment when such routines are constantly the same. The duration of an individual's employment, whether in the same or a different capacity, is often quantified in terms of time and is known as

tenure or length of service [30]. Working longer causes a person's physical ability to decline because of the strong link between the two [31].

This survey aligns with the findings of Prilanti (2022), who found that 51.0% of respondents (53 people) had worked for 6-10 years. Basalamah et al. (2022) found that 73 respondents (or 73.0% of the total) had worked for the company for more than 10 years, which is consistent with our findings [32].

Limitations

Additional research is required to create more accurate techniques for determining workload based on environmental and organizational variables since this study only relies on individual aspects.

Conclusion

According to the survey, respondents mainly belonged to the late adulthood age group, with a considerable number of respondents being males. Most respondents had worked in their jobs for more than five years. Concerning workload, the respondents classified under the late adulthood age fairly stated that they experienced a moderate workload, with even more males stating they had the same workload. Also, persons with more than five years of work experience stated a similar view regarding their workload, which is predominantly moderate. These results indicate how the distribution of workloads varies over the boundaries of age, gender, and work experience.

Acknowledgment

The authors express sincere gratitude to Universitas Harapan Bangsa for its invaluable academic support throughout this research. We also extend our appreciation to the Indonesian Anesthesia Stylist Association (DPC IPAI) in

Banyumas for facilitating data collection and providing the necessary resources for this study.

Funding Information

None

Conflict of Interest Statement

The authors have confirmed that they have no competing interests.

Data Availability

The datasets used or generated in this study are available from the corresponding author upon reasonable request.

Author Contributions

Putri Adawia: Conception and design of the study, Search Data Base, Methodology, Analysis Risk of Bias, Data Analysis and Interpretation, Writing, Review and Editing. **Roro Lintang Suryani:** Study conception and design, search database, methodology, data analysis and interpretation, and writing, review, and editing. **Magenda Bisma Yudha:** Conception and design of the study, Search Database, Methodology, Data Analysis, and Interpretation, Writing, Review, and Editing.

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